

Impact of Clinical Epilepsy

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Abstract

To determine the frequency, predictors, and impact on outcome of epilepsy developing during the first year after subarachnoid haemorrhage. The authors prospectively analyzed 247 of 431 patients with SAH treated over a period of 5 years who were alive with follow-up at 12 months. Epilepsy was defined as two or more unprovoked seizures after hospital discharge. Epilepsy occurred in 7% of patients with SAH, was predicted by subdural hematoma and cerebral infarction, and was associated with poor functional recovery and quality of life. Our findings indicate that focal pathology, rather than diffuse injury from hemorrhage, is the principal cause of epilepsy after SAH.

Keywords: Epilepsy • Clinical treatments • Drug resistance

Introduction

According to a preliminary study, one-third of epilepsy patients do not have effective seizure treatment, and their quality of life is still significantly impacted by comorbidities. Although people with both epilepsy and psychosis have been recognised since the beginning of medicine, successful epileptic treatments have mostly ignored them. The following medications are still available: phenobarbital, phenytoin (Dilantin), carbamazepine, ethosuximide (Zarontin), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan), and midazolam (Midazolam) (Versed). This study looked at how epilepsy patients at a tertiary care facility were impacted by copy number abnormalities found by chromosomal microarray (CMA) testing.

Numerous new medications have been introduced into clinical practise during the past 20 years, yet little has changed. In the following areas, there is an urgent need to meet unmet clinical needs: Drug-resistant seizures can now be treated with new symptomatic anti-seizure medications with improved efficacy/tolerability profiles, as well as with medications that treat or prevent epileptogenesis. Epilepsy is unique from many other neurologic illnesses due to its wide variation in aetiology and symptoms. Even within therapeutic trials, efficacy results between studies focusing on the same seizure type can differ, most likely as a result of demographic variation in placebo response as well as genetic, sociological, or physiological factors, such as etiologic and diagnostic heterogeneity.

A medical ailment that impacts is epilepsy. According to estimates, 5 to 10 people out of every 1000 people in developing nations have active epilepsy. Reliable incidence figures are more difficult to obtain by since prospective studies must cope with complex and frequently insurmountable logistical issues with exact case ascertainment. In more thorough research, annual incidence rates of up to 190 per 100 000 p have been found. Clinical CMA testing conducted at Boston Children's Hospital between October 2006 and February 2011 was used to identify patients with ICD-9 codes for epilepsy or seizures. Those who met the epilepsy criteria were added after a review of their medical records. Patients with abnormalities associated with epilepsy were phenotypically documented on CMA.

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To find better medications for epilepsy patients, it is necessary to improve preclinical model analysis techniques, develop more reliable protocols, and analyse outcomes more consistently. One of the most prevalent non-communicable neurological illnesses, epilepsy, is badly underfunded and undertreated in the developing world. Epidemiological research has demonstrated the extent of the issue. Our results diverge from several other studies, which tended to concentrate on smaller subject populations, suggesting that the clinical circumstances of the patient must be taken into account before assuming the value of IEDs on normal EEG in predicting epilepsy severity [1-5].

Description

Recurrent seizures, which characterise epilepsy as a brain condition, have a significant negative influence on quality of life (QOL). An individual's impression of their place in life "in the context of the culture and value systems in which they live and in connection to their objectives, expectations, standards, and concerns" is how the notion of QOL is defined. A sizable portion of epileptic sufferers may have their condition regulated, and those who receive sufficient medication have better medical and social prognoses (PWE). Due to social prejudice, stigmatisation, and fear of having seizures, PWE with uncontrolled seizures may experience challenges with their relationships, education, work, and control over their seizures.

Evaluations are required to determine how PWE perceive the QOL, factors influencing the perception, and the possibility of using measuring instruments in routine clinical practise, in addition to a clinical evaluation that must take into account a full history, imaging, and electroencephalographic investigations. It is possible to improve seizure control, reduce the negative effects of anti-seizure medicine (ASM), and improve patients' general wellbeing by obtaining and applying this information. The physician's willingness to invest the time necessary to administer the questionnaire and to review the results during patient consultation or investigation will determine whether or not the QOLIE-31-P questionnaire is used routinely in clinical practise.

Despite the fact that there are many studies analysing PWE's quality of life throughout the world, there aren't any studies utilising this technique that have been published in the scientific literature in Romania or that have enough data. Through the use of the QOLIE-31-P questionnaire, this study intends to determine the impact of demographic and disease features on the QOL of epilepsy patients admitted to a county hospital in Romania. It also examines the benefits and drawbacks of using such a tool in clinical practise.

Conclusion

There haven't been many studies on the quality of life for epilepsy patients in our nation up to this point. This study has demonstrated that the QOL of

PWE is significantly impacted by seizure frequency. Even if it might be difficult, using validated instruments to gauge PWE patients' quality of life, like the QOLIE-31-P questionnaire, should become standard clinical procedure. By identifying the influence of the disease and other changeable elements in daily life, the information gathered in this manner helps adapt the care and improve the outcome for these patients.

Conflict of Interest

None.

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